

Sandwell Local Authority Best Start In Life Plan 2026–2030



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Introduction

The early years of a child’s life lay the foundations for lifelong health, learning, and wellbeing. Evidence shows that the first 1,001 days— from conception to age two— represent a critical period in which nurturing relationships, good health, and stimulating early learning experiences have profound long-term effects. Sandwell recognises the importance of acting early to improve children’s life chances and reduce inequalities that persist across the borough.

Better outcomes for parents and babies start long before birth. In fact, if we want to achieve universal health improvement for babies and children and narrow the health gap for those who are most vulnerable, we need to embed preconception care and pregnancy pathways for everyone of reproductive age.

This Best Start in Life (BSiL) Plan sets out Sandwell’s commitment to improving outcomes for babies, young children, and their families. It draws on detailed local data, national frameworks, and the lived experiences of families, as well as the strengths of our Local Authority Teams, Family Hub network and community partnerships. The Plan provides a clear direction for collective action across all sectors working with or on behalf of children and families.



Background

The Plan emphasises a strong Early Years focus including school readiness, early identification of SEND, high-quality provision, effective transitions, and a target of 75% GLD.

Family Hubs provide universal support including transition to parenthood, family help access, and integrated offers such as Thriving Families and Edge of Care.

Sandwell faces significant early years challenges. As of 2024/25, only 61.8% of children achieved a Good Level of Development (GLD), which is 6.5 percentage points below the national average. Children eligible for free school meals fare worse, with just 53% achieving GLD. To meet Sandwell's 2028 target of 70.8%, an additional 411 children will need to reach GLD.

Developmental vulnerabilities appear early. At the 2 to 2.5-year review, only 70.1% of children were meeting expected levels across all domains—11.3% below national performance. Communication and language outcomes are consistently lower than England-wide averages.

Health indicators reinforce this pattern. Healthy weight at school entry is below national levels (73%), immunisation uptake at age five is lower than average, and dental decay remains prevalent.

Sandwell is also one of the most deprived local authorities in England, ranked 5th out of 317 for overall deprivation and 7th for income deprivation affecting children. These structural inequalities shape children's early health and learning experiences.

However, Sandwell also has notable strengths: a dedicated Local Authority, strong partnership working between Children's and Education and Public Health, network of seven Family Hubs, engaged early years practitioners, diverse communities, and a strong local action Plan for early years improvement that emphasises integration, innovation, and co-production.

This Plan builds on those strengths while addressing the persistent challenges faced by children and families.

Executive Summary

Sandwell is determined to transform early childhood outcomes by focusing on the first years of life, where support has the greatest impact. The Plan outlines a unified approach to improving child development, boosting health outcomes, enhancing family wellbeing, and narrowing inequalities. It identifies priority groups, sets out targeted interventions, and establishes an integrated partnership model for delivery and improvement.

The following sections provide an in-depth description of the borough's needs, strategic priorities, and the commitments that will underpin delivery over the next four years.

1. Vision

Sandwell will be a place where every baby, child and family – including those with Special Educational Needs and Disabilities (SEND) – is supported to thrive from conception through to age five. By strengthening early development, improving health and reducing inequalities, we aim to ensure that all children, regardless of background or circumstance, have a strong foundation for future success.

To achieve this, Sandwell will continue to build strong links with local community groups and professional services, ensuring families receive ongoing support throughout their child's early development. Strengthening these connections will create a more joined-up and responsive system around the child, reducing fragmentation and improving outcomes.

2. Understanding Local Needs

2.1 Population Diversity

Sandwell's population of **26,922 children aged 0–5** is highly diverse, with 48% of the population from ethnic minorities and **16.4%** of residents speaking a language other than English at home. 60% of deliveries are to mothers from ethnic minorities. Services must therefore reflect cultural and linguistic diversity and be accessible to all families.

2.2 Child Development and Learning

Our approach to communication and language, curriculum quality and home learning aligns with Ofsted's Best Start in Life research reviews (prime and specific areas), informing CPD and practice in EY settings to benefit disadvantaged children and those with SEND.

Local assessment data highlights significant early developmental challenges. Only **70.1%** of children meet expected levels across all ASQ-3 domains at age two to two-and-a-half, well below the national figure of 81.4%. Communication, fine motor skills, and personal-social development are areas requiring particular attention, with early identification and targeted support particularly important for children with emerging or identified SEND.

GLD outcomes at reception age also demonstrate the scale of the challenge, with Sandwell lagging behind national performance and the need for stronger early intervention and inclusive support to meet its 2028 targets.

2.3 Health Needs

Health outcomes show persistent gaps. The infant mortality rate in Sandwell is high with 7.4 deaths per 1,000 live births compared with 4.2 per 1,000 England average. In terms of preconception health, smoking status at time of delivery is 7.1% in Sandwell in comparison to the 6.1% England average and maternal obesity at booking was 27.4% in 2018/19 data.

Childhood obesity, dental decay, and lower vaccine uptake signal wider systemic inequalities. While most health visiting metrics—such as the 6–8-week check, 12-month and 2–2.5-year reviews—are strong, antenatal and new birth visits require targeted improvement.

The Healthy Child Programme (HCP) provides the national evidence-based framework for improving health and development outcomes from pregnancy through to age 19 (or 25 for care leavers and those with SEND). It delivers a continuous, preventative public health offer led by specialist public health nurses and structured across two phases: pregnancy to age five through health visiting, and ages five to nineteen through school nursing. The programme ensures all children have the opportunity to achieve the best possible health outcomes, with services delivered in ways that are proportionate to need, culturally sensitive, and responsive to family context.

The HCP is delivered collaboratively across general practice, midwifery, early years practitioners, Family Hubs, voluntary sector partners and allied health professionals, ensuring a joined-up approach to early support. It brings together four core components—screening, child health surveillance, health protection and health promotion—and applies proportionate universalism, offering universal support for all families alongside targeted and

specialist interventions where additional needs are identified. This model strengthens Sandwell’s approach to early identification, supports timely responses to safeguarding and developmental concerns, and provides a clear structure for tackling health inequalities through community, universal, targeted and specialist levels of provision.

2.4 Vulnerability and Family Circumstances

In 2025, Sandwell recorded **5,148 children** in need and **2,676 new referrals**. These levels reflect complex socioeconomic pressures including housing instability, poverty, and parental mental health challenges.

Early intervention and prevention are established as shared priorities across the system. This commitment is supported by the Additional Family Help workforce, which enables timely, proactive support for families. The Plan further emphasises the ambition to provide the right help at the right time with minimal disruption to children and families, underpinned by the trauma-informed ST*R practice model that strengthens early relational health and builds trust with families.

The Plan also embeds the Healthy Child Programme, ensuring a consistent approach to health promotion, early childhood development and tackling health inequalities. This includes a strong focus on improving physical health, nutrition and early developmental outcomes, as well as supporting parents to better understand child development and navigate available support and services effectively.

Reducing inequalities and closing the gap in early outcomes is a central ambition of the Plan. This includes targeted attention on families at greater risk of negative outcomes and actions to narrow the gap between Sandwell and

national averages. The Plan acknowledges the significant impact of poverty, deprivation and disproportionality on children’s lived experiences and commits to culturally sensitive, inclusive service design that meets the needs of diverse communities.

Supporting parents and carers is positioned as fundamental to improving early outcomes. This includes strengthening the home learning environment, equipping parents with the knowledge and confidence to support their child’s development, and ensuring access to parenting support through Family Hubs and the Parent Support Team from Sandwell Local Authority. Co-production with parents and carers is also embedded across Early Years, SEND and mental health programmes to ensure services reflect the experiences and priorities of families.

Children’s mental health and emotional wellbeing in the early years is supported through whole-school and whole-setting approaches that promote resilience and positive emotional development. This is reinforced through workforce development across early years professionals and early identification and intervention pathways that ensure concerns are responded to quickly and appropriately.

The Plan highlights the importance of an integrated, multi-agency Early Years system. This is achieved through coordinated system development, strong governance via the Early Years Partnership Board, multi-agency approaches to child protection and family help and strengthened joint commissioning across SEND to ensure children receive consistent, high-quality support.

Children in Our Care (CiC):

Children in Our Care require early, high-quality, and trauma-informed support to secure strong early development outcomes. Sandwell Virtual School works closely with Early Years and Childcare Services to ensure CiC benefit from inclusive provision, early identification of need, and effective monitoring from their earliest experiences in education.

Access to Early Years Provision

Sandwell Virtual School supports carers and social workers to secure timely access to high-quality early years places and provides settings with guidance on inclusive and trauma-informed practice.

Early Years PEPs and Developmental Monitoring

Every CiC in an early years setting has a high-quality Early Years Personal Education Plan (PEP), reviewed termly to ensure strong oversight, accountability, and effective intervention. Developmental progress is monitored using WellComm, EYFS assessments, and the Strengths and Difficulties Questionnaire (SDQ), enabling early identification and support for social, emotional, and communication needs.

Sandwell’s evidence-driven approach ensures CiC receive:

- Early identification and coordinated multi-agency intervention
- Priority access to high-quality early education
- Support for attachment, emotional development, and wellbeing
- Strong monitoring and accountability
- Meaningful involvement of carers and children

Together, these commitments reflect Sandwell’s ambition as a corporate parent, ensuring that every child in our care has the strongest foundation for long-term success.

3. Strategic Priorities

Strategic Priorities for Sandwell's Best Start in Life Plan

Sandwell's Best Start in Life Plan sets out a clear strategic direction to ensure every child thrives from conception to age five. The Plan aligns closely with the national **SEND and Alternative Provision Improvement Plan**, embedding emerging national standards, strengthening local inclusion planning, and enhancing multi-agency panels to ensure earlier identification and timely support for children with emerging needs.

A core priority is **early intervention and prevention**. Early intervention and prevention are core priorities for Sandwell, supported by a skilled Family Help workforce and the trauma-informed ST*R practice model. This approach ensures families receive the right support at the earliest opportunity, reducing escalation of need and promoting resilience. These principles are embedded across the Families First Programme and overseen by the Family Help Board, ensuring a consistent, partnership-wide commitment to early, proportionate support.

The Plan also drives the **integration of the Healthy Child Programme**, reinforcing a system-wide approach to health promotion, early nutrition, and parental understanding of child development. Through this, Sandwell strengthens universal and targeted health support across the early years system.

Addressing early inequalities is central to the strategy. The Plan explicitly recognises the impacts of **poverty, deprivation, and cultural diversity**, ensuring that services are designed to be accessible, culturally sensitive, and responsive to the lived experiences of Sandwell's communities.

Support for **parents and carers** is another key priority, with a focus on enhancing the home learning environment, building parental knowledge and confidence, expanding access to parenting support, and embedding co-production principles across service design and delivery.

Improving **mental health and wellbeing in the early years** is also a strategic focus. The Plan promotes whole-setting approaches, workforce development, and early identification of social, emotional, and mental health needs to ensure children receive holistic and timely support.

To deliver these ambitions, Sandwell is strengthening its **multi-agency integrated Early Years system**, with robust governance, joint commissioning arrangements, and coordinated Family Help pathways.

Across all elements, Sandwell is committed to improving outcomes for children and families, with a particular focus on:

- Children and families living in the most deprived communities
- Children eligible for free school meals
- Children with emerging developmental needs, including SEND—particularly in communication and language
- Families experiencing perinatal mental health challenges
- Multilingual and migrant families

These strategic priorities guide how resources are allocated, how services are designed, and how targeted outreach is delivered to ensure every child in Sandwell has the best possible start in life.

To strengthen Sandwell's system foundations and improve early outcomes, we will enhance language accessibility through translated materials and consistent interpretation so that all families can engage fully with services. We will improve signposting and shared information to ensure families and practitioners have a clear understanding of the early years offer and experience smoother transitions between services.

Early identification of speech, language, communication and SEND needs will be strengthened through clearer pathways, quicker referrals and greater practitioner confidence. We will also widen our reach to families who are less engaged or "hidden" by delivering more community-based outreach, offering flexible service times and adopting culturally sensitive approaches. Finally, we will invest in the early years and family help workforce by improving training, induction, SEND knowledge and opportunities for multi-agency working, ensuring a confident, skilled workforce across the system.

4. Desired Outcomes

Our ambition for the Good Level of Development (GLD) aligns with the national mission for 75% of children to achieve a GLD by the end of Reception, with a proportionate focus on disadvantaged children.

The Plan is structured around five core outcomes, strengthened by the Common Outcomes Framework:

- 1. Child development**, with a focus on communication and language, early learning, and positive home learning environments.
- 2. Health and wellbeing**, including preconception health, healthy weight, immunisation, oral health, and babies' safety and early physical development.
- 3. School readiness**, ensuring children have the foundational skills, relationships, and experiences they need to thrive, including those with SEND.
- 4. Parental and infant mental health**, promoting nurturing relationships, attachment, and emotionally attuned caregiving.
- 5. Reduced inequalities in early years learning and health**, addressing disparities affecting children with SEND, children in deprived areas, and those facing cultural or linguistic barriers.

Achieving these outcomes requires strong system-wide collaboration, consistent practice, and a shared focus on improving children's safety, wellbeing, and sense of belonging across all early years settings.

5. Focus for Service Delivery

Infant feeding & oral health – our local offer includes specialist infant feeding clinics, peer support groups and enhanced signposting to national helplines; oral health improvement via supervised toothbrushing in priority EY settings, fluoride varnish outreach with NHSE dental partners, and targeted oral health packs via Family Hubs. KPIs added under Section 10.2 (initiation/6–8 week prevalence where available; dental decay prevalence; hospital admissions for dental caries). (Ref: DHSC Start for Life comms/helpline update).

The Family Hubs and Start in Life (BSiL) local offer – Sandwell meets the national minimum for all funded strands and elects to go-further on Early Language & Home Learning and Parent–Infant Relationships. The data we publish quarterly is: Parenting Support; Parent–Infant Relationships & Perinatal Mental Health; Early Language & HLE; Infant Feeding; Parent/Carer Panels; and the published Start for Life offer (Family Hubs site). (Refs: DfE/DHSC Family Hubs & Start for Life 2025–26 guidance and Delivery Expectations).

Delivery footprint – Universal, Targeted and Specialist elements are offered across Family Hubs, spokes, outreach and digital. A one-page matrix (Appendix A) sets out who delivers what, where, and the ‘minimum’ vs ‘go-further’ position for each strand.

Delivery will be concentrated in areas of highest deprivation and where developmental and health outcomes including those for children with Special Educational Needs and Disabilities (SEND) – are most challenged. This includes reviewing resource distribution across Family Hubs, early years settings, and health services to ensure equitable and responsive provision.

1. Child development (especially communication and language)

- **Strengthening the home learning environment**

Addresses low early literacy, limited access to books and play materials, and the impact of poverty on early language exposure.

- **Improving early communication support, including targeted approaches for children with SEND**

Responds to increasing numbers of children with speech, language and communication needs and delays identified at the 2–2½ year review.

2. Health and wellbeing

- **Integrating early years health assessments**

Ensures developmental needs are identified sooner and families receive coordinated support, particularly where health issues reinforce developmental gaps.

3. School readiness

- **Expanding access to early learning and childcare, ensuring inclusive provision for children with SEND**

Tackles gaps in participation, barriers to access, and variation in quality, particularly in communities with high deprivation.

- **Promoting Attendance and Engagement in Early Years Education**

- Regular attendance in early education is vital for children’s communication, language, social development, emotional wellbeing, and school readiness.
- Consistent participation builds routines, confidence, and enables early identification of developmental needs.

Sandwell will promote strong attendance by:

- Setting clear expectations that early education is an essential part of child development.
- Supporting parents to understand the benefits of regular attendance for speech, language, emotional regulation, and early learning.
- Monitoring non-attendance patterns and offering early help where concerns arise.
- Providing targeted support for Children in Our Care, children with SEND, and disadvantaged families through personalised transitions and strong multi-agency working.
- Embedding attendance messages across Family Hubs, universal groups, digital platforms, and transition-to-school activities.
- Sharing effective practice with providers to improve punctuality, engagement, and reduce anxiety-related non-attendance.
- Prioritising attendance from the earliest stage strengthens children’s school readiness, emotional security, and ability to benefit fully from high-quality early years provision.

4. Parental and infant mental health

- **Enhancing perinatal and infant mental health pathways**

Rooted in local evidence showing high levels of parental stress, perinatal anxiety and depression, and the direct impact of these on attachment, language development and behaviour. This is why perinatal and infant mental health emerges as a priority: supporting emotionally attuned caregiving is foundational to every other outcome in the early years.

5. Reducing inequalities

- **Increasing digital access to information and support, including SEND resources and guidance**
Addresses unequal access to information, language barriers, and gaps in parents’ confidence to navigate services effectively.

Connecting the logic clearly

These interventions are not standalone; they form a coherent response to the specific challenges experienced by Sandwell families:

- **Rising developmental delays**, particularly in speech and language
- **High levels of deprivation**, affecting home learning, wellbeing and access to services
- **Increasing numbers of children with emerging SEND**, needing earlier identification and inclusion
- **Perinatal mental health pressures**, which shape early attachment, infant development, and later outcomes
- **Variation in access to childcare**, especially inclusive and culturally responsive provision
- **Digital and information barriers**, which limit families’ ability to find help early. Increasing digital access to information and support including SEND resources and guidance
- By mapping actions explicitly to outcomes, we show a clear line of reasoning: **our priorities are driven by what children and families need most, and our interventions directly target the root causes of those needs.**

6. Working in Partnership

Working Alongside Parents from the First 1,001 Days and Beyond

Sandwell places parents at the centre of their child’s early journey, recognising them as their child’s first and most important educators. From conception through the first 1,001 days and into the early years, our Early Years Service and Family Hubs work alongside families including those with children with Special Educational Needs and Disabilities (SEND) to build confidence, strengthen attachment, and support children’s early development.

We empower parents through **Making it REAL**, helping families create strong home learning routines in literacy, numeracy and communication. Through **Seeing the World Through the Eyes of a Child**, we support and work with parents to understand their child’s journey into early literacy using the ORIM framework and four strands of literacy. **Bump to Babies** focuses on baby’s cues and emotional needs. Targeted parenting and wellbeing support is provided via the **Changes** parenting programme, which builds confidence, strengthens routines and supports positive family relationships.

Parents are involved from the start—through perinatal support, the integrated 2-year review, and transition into early education and school—and co-production is embedded through Parent Panels and local engagement forums. By working in partnership and offering early, tailored support, we ensure parents feel valued, equipped and connected throughout their child’s early years, creating the strongest foundations for babies and young children to thrive.

We will introduce Town-based Parent Panels will shape service development and improvement, ensuring the Plan remains responsive and grounded in family perspectives.

6.2 Leadership and Governance

BSiL Plan Group will report SEND/AP alignment (national standards readiness, inclusion planning, mediation improvements) through the Children & Families Board and SEND/AP Improvement Board.

A BSiL Plan Group will oversee implementation, meeting every six weeks. Quarterly progress reports will be provided to the Children & Families Board, ensuring scrutiny and accountability.

Delivery of the Plan will be overseen by the **Best Start in Life Plan Group**, which will meet every six weeks. This multi-agency group will review performance data, assess delivery risks, and agree actions to address gaps or delays. Progress reports will also be escalated to the **Children and Families Board** on a quarterly basis, ensuring senior oversight and strategic accountability.

The governance structure enables cross-sector collaboration, ensuring that early years, health, education, and community partners share collective responsibility for progress.

6.3 Integrated Practice

Perinatal mental health & parent–infant relationships pathway – universal screening in maternity/HV, rapid access to parent–infant relationship support in Hubs, stepped-care referral into ICB perinatal mental health services, and clear thresholds/response times. Appendix B provides the pathway map. (Ref: Delivery Expectations for funded SFL strands 2025–26).

Integrated 2–2½ Year Review – Sandwell operating model: joint review combining ASQ-3 and the EYFS Progress Check with parental consent; health visitor and key person co-assess; outcomes feed into SALT/

SEND pathways where indicated; information sharing via local protocol; QA through termly multi-agency audits. (Refs: DfE Integrated Reviews guidance; NCB implementation study).

Partners across health, education, early years and the voluntary sector will continue to deliver coordinated pathways, aligned assessments and shared workforce development. The Families First Programme will strengthen this further by promoting a multidisciplinary approach across town-based models, ensuring joined-up support for children and families.

7. Scaling Innovation and Enhancing Services

Sandwell’s published digital Start for Life offer – hosted through our Family Hubs website – continues to act as a single front door for families, updated quarterly with translated pages, group timetables, self-referral routes and live-chat signposting. Usage is actively monitored through unique users, repeat visits and conversion to attendance, forming part of the BSiL dashboard (see Section 11) in line with the Family Hubs & Start for Life programme guide 2025–26.

Building on emerging strengths across our early years system, Sandwell will **apply a ‘test and learn’ approach** to drive continuous improvement and scale what works. This includes structured piloting, rapid feedback loops, and evaluation of impact to inform decisions about wider adoption.

Sandwell will continue to build on innovative early years practice by:

- Embedding mark-making and early literacy activities across Stay & Play sessions to strengthen early learning foundations.
- Expanding evidence-based communication interventions such as WellComm and Early Talk Boost.
- Launching the Family Hubs digital platform to improve access, navigation and early help pathways.
- Strengthening transition to school through borough-wide transition events and shared data systems.
- Piloting – and where effective, scaling – integrated two-year reviews across health and education, incorporating early identification and support for SEND as part of our test-and-learn methodology.

Through this iterative, evidence-informed approach, Sandwell will ensure innovations lead to consistent, high-quality practice and sustained improvements, particularly for children with emerging needs and those with SEND.

8. Enabling Conditions

Workforce development will include CPD modules mapped to Ofsted's Best Start in Life research and local SLCN priorities, alongside shared HV-EY practitioner training on parent-infant relationships and early language.

Key enablers of successful implementation include:

- Investment in the early years workforce
- Robust data sharing and integrated systems
- Multilingual communication and culturally responsive engagement
- Strong governance
- Accessible digital resources
- Effective cross-sector training and development
- Strong partnership with parents through Sandwell's Early Years and Family Hubs offer, including the Making it REAL home-learning approach, the Seeing the World Through the Eyes of a Child framework, and targeted parent support delivered through the Changes programme to strengthen parental confidence, early communication, and school readiness.

9. Risk Management

Effective delivery of this Plan requires proactive identification and management of risks.

Key risks include:

9.1 Workforce Capacity and Skills

Mitigations: targeted recruitment to health visiting; shared CPD offers on SLCN and parent-infant relationships; maternity support worker role optimisation via NHS toolkit; and joint supervision offers for HV/EY/SEND specialists.

Recruitment and retention challenges across early years, health visiting, and SEND services may hinder delivery. Mitigation includes targeted workforce development, incentives, and strong professional networks.

9.2 Financial Pressures

Budget constraints could affect the sustainability of new programmes or restrict capacity for targeted outreach. Mitigation includes maximising external funding opportunities and aligning resources across partners.

9.3 Data Sharing and Integration

Inconsistent data systems or information-sharing barriers may restrict the ability to track impact effectively. Mitigation involves establishing shared protocols, improving digital infrastructure, and strengthening cross-agency agreements.

9.4 Engagement Barriers for Families

Families from migrant backgrounds or experiencing socioeconomic challenges or with children with Special Educational Needs and Disabilities (SEND) may face barriers to accessing services. Mitigation includes expanded outreach, multilingual resources, and co-design with parent panels.

9.5 Variation in Service Quality

Differences in practice across settings may reduce consistency of child outcomes. Mitigation includes implementing shared quality frameworks, workforce training, and regular cross-setting evaluations.

10. Monitoring Progress

Robust monitoring is essential to ensure that the Best Start in Life Plan delivers meaningful and measurable improvements for children and families across Sandwell. Monitoring arrangements will enable partners to track progress against key outcomes, identify emerging challenges, and adjust delivery approaches where necessary. This will ensure that the Plan remains dynamic, responsive, and outcome-focused.

10.2 Core Performance Measures

Healthy Child Programme (HCP) compliance – Sandwell adopts the refreshed HCP delivery and commissioning guidance (Feb 2026). We will maintain mandated contacts and publish a recovery trajectory for any metric below benchmark (e.g., New Birth Visit within 14 days), with monthly monitoring by the BSIL Plan Group and Public Health. (Refs: DHSC Healthy Child Programme collection and 2026 update).

Progress will be monitored against a set of key indicators aligned to the strategic priorities and informed by local data. These include:

- **Good Level of Development (GLD)** outcomes, with particular attention to FSM-eligible children
- **ASQ-3 developmental outcomes** at the 2 to 2.5-year review, including communication, fine motor, and personal-social scores
- **Health metrics** such as healthy weight at school entry, immunisation uptake, and incidence of dental decay
- **Access to early education and childcare**, including uptake of funded early learning places
- **Parent–infant relationship and perinatal mental health engagement**, measured through service contacts and participation

- **Family Help and safeguarding activity**, including referrals and outcomes for children in need
- **Family Hub reach and engagement**, including digital interactions, outreach contacts, and attendance at universal sessions

These indicators reflect both developmental and contextual outcomes and will be reviewed at ward, town, and borough levels, with regard to ethnicity, gender, SEND, disadvantaged, to understand variation and target support effectively.

10.3 Improving Data Quality and Integration

Effective monitoring depends on accurate, timely, and shared data across the system. To support this, partners will strengthen data-sharing protocols, streamline reporting pathways, and work towards integrated digital systems that enable regular visibility of key performance indicators. This will build on existing strengths, such as Sandwell’s high ASQ-3 completion rates and integrated Family Hub datasets.

Over time, partners will develop a unified dashboard presenting the full range of BSIL indicators, enabling consistent monitoring and clear communication with decision-makers.

10.4 Continuous Learning and Improvement

Monitoring will support a culture of continuous improvement across the early years system. Insights from data, community feedback, and evaluation activity will be used to refine services, scale effective practice, and address inequalities in outcomes. Parent Panels will contribute actively to this process, highlighting lived experiences and supporting co-design.

Regular learning sessions will be built into partnership arrangements, creating opportunities for early years practitioners, health professionals, and community partners to reflect on progress and share best practice.

10.5 Annual Review and Public Reporting

An Annual Best Start in Life Report will be published each year, summarising progress, challenges, and priorities for the year ahead. This will provide transparency for families, practitioners, and partners, while ensuring the Plan remains aligned with emerging need and evolving national policy.

The annual review will include:

- A dashboard of performance indicators
- Analysis of trends and inequalities
- Reflections from parents and community stakeholders
- Identification of successful innovations and areas for scaling
- Priority actions for the following 12 months

11. Monitoring Progress (with Baselines)

Robust monitoring will ensure Sandwell’s Best Start in Life (BSIL) Plan delivers measurable improvements for babies, young children and families. Partners will track progress against agreed indicators, review performance in governance forums, and adapt delivery where results lag behind expectations.

11.1 Key Performance Indicators (KPI) and Baselines

Baseline figures below use the latest available local data in Sandwell's BSIL plan.

Domain	Indicator	Baseline (year)	2028 Target	Notes / Source
Early learning & development	Good Level of Development (GLD) – overall	61.8% (2024/25)	70.8%	+411 children need to reach GLD to meet target.
	GLD – FSM-eligible	53.0% (2024/25)	62.0%	+98FSM children need to reach GLD to meet target.
	ASQ-3: % at/above expected in all 5 domains (2–2.5y)	70.1% (2024/25)	≥81.4% (match national)	Borough below national by 11.3pp.
	ASQ-3 Communication	80.3% (2024/25)	≥England	-7.2pp vs England.
	ASQ-3 Gross Motor	91.1% (2024/25)	≥England	-2.5pp vs England.
	ASQ-3 Fine Motor	88.2% (2024/25)	≥England	-5.5pp vs England.
	ASQ-3 Problem Solving	90.2% (2024/25)	≥England	-2.8pp vs England.
	ASQ-3 Personal–Social	85.8% (2024/25)	≥England	-6.0pp vs England.
Health	Healthy weight at 4–5	73.0% (2024/25)	≥England	-2.0pp vs England.
	MMR at age 2 (1 dose)	88.0% (2024/25)	≥95%	-0.9pp vs England; WHO herd-immunity benchmark 95%.
	MMR at age 5 (2 doses)	79.2% (2024/25)	≥95%	-4.5pp vs England.
	Dental decay at age 5 (prevalence)	28.9% (2023/24)	↓ year-on-year	Local prevalence; track admissions too.
	Emergency admissions 0–4 (per 1k)	158.5 (2023/24)	↓ year-on-year	-8.4 vs England (lower is better).
	Infant admissions <14 days (per 1k)	103.4 (2023/24)	↓ year-on-year	+14.7 vs England.

Domain	Indicator	Baseline (year)	2028 Target	Notes / Source
Early years health service contacts	New birth visit within 14 days	61.0% (2024/25)	≥85%	-24.2pp vs England; key improvement focus.
	6–8 week review completion	92.6% (2024/25)	≥England	+7.5pp vs England (strength).
	12-month review completion	97.9% (2024/25)	≥England	+9.5pp vs England (strength).
	2–2.5 year review completion	95.0% (2024/25)	≥England	+14.1pp vs England (strength).
	ASQ-3 completion rate	99.1% (2024/25)	Maintain ≥98%	+5.2pp vs England.
Access & inclusion	Uptake of funded early education (2-year-olds)	Latest local % not stated in profile chart	↑ to England	Add local baseline from termly sufficiency return.
	Sufficiency of places in priority LSOAs	Baseline mapping in 2026 plan	100% sufficiency by 2028	Track by ward/LSOA and provider type.
Family & safeguarding	Children in Need (snapshot)	5,148 (Mar 2025)	↓ year-on-year	Monitor new referrals and outcomes.
	Child Protection Plans (snapshot)	357 (Mar 2025)	↓ year-on-year	Contextualise with re-reg/step-down data.
Reach & engagement	Family Hub engagement – proactive contacts 0–2	Local plan baseline	+10% per year	-0.9pp vs England; WHO herd-immunity benchmark 95%.
	Parent Panels – influence on offer updates	New measure	≥20% of updates informed by panels	Capture change logs & feedback loops.

11.2 Data Quality, Integration and Reporting

Interoperability: we will align with the NHS Healthy Child Programme Information Standard (DAPB3009) to improve data sharing across CHIS, HV, primary care, immunisations and DPCHR/eRedbook systems.

Partners will maintain a **single BSIL dashboard** refreshed quarterly, with ward-level drill-downs for targeted action. Data-sharing protocols will standardise definitions, enable timely flows from health, early years and education, and safeguard privacy. ASQ-3 completion is a local

strength to build on for early identification, while **new birth visit coverage** is a priority area for improvement requiring joint remediation across maternity and health visiting.

11.3 Continuous Improvement and Evaluation

Six-weekly reviews will test whether actions are closing gaps in **communication and language, FSM GLD, MMR uptake**, and **oral health**—the areas with the greatest “distance to travel.” Learning from **integrated 2-year review pilots, mark-making in Stay & Play**, and **digital**

Family Hub usage will be scaled where impact is demonstrated, with parent panels informing iteration.

11.4 Annual Public Report

Each year, Sandwell will publish a **Best Start in Life Annual Report** summarising performance against baselines, inequalities analysis (FSM/SEND/locality), case studies of impact, and the forward improvement plan for the next 12 months.

Conclusion

Sandwell’s Best Start in Life Plan sets out an ambitious and evidence-driven plan to improve early childhood outcomes. Through strong partnership working, targeted interventions, and scaling innovative practice, Sandwell is committed to ensuring that every child has the strongest possible start in life.

